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PRIORITY 3 BEHAVIORAL HEALTH



AIM:

Create a sustainable system of behavioral health care.

BRIGHT SPOT

The Department of Alcohol and Other Drug Abuse Services (DAODAS) and the South Carolina Department of Corrections (SCDC) have teamed up to prepare individuals struggling with addiction to successfully transition back to the community when they are released from prison. Certified Peer Support Recovery Specialists work with inmates, correctional staff, stakeholders, families, and providers in a holistic approach for community reintegration.

More than 50 percent of Americans who suffer from an opioid use disorder have also had contact with the criminal justice system, according to a study published in the JAMA Network Open (2018).⁵

“Many crimes that don’t appear to be drug related actually are,” says Michael Crawford, a Certified Peer Support Specialist working at SCDC. Crawford adds that this can often be true for financial crimes such as burglary.

Peer Support Recovery Specialists are in long-term recovery themselves from substance use and/or a mental health illness. They use their lived experiences to encourage, empower, and educate others. In addition to helping participants

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Michael Crawford
Peer Support Specialist,
DAODAS

develop and maintain a recovery plan, they provide a supportive relationship and teach a variety of life skills, including obtaining safe housing, improving job skills, and finding new leisure activities.

Crawford says he works with the program to use his own difficult experiences for something positive. He works in seven different prisons. Crawford says, “I can see a difference in people when I

introduce myself by saying, 'I am in active recovery. I know what it is like to feel the way you do.' People open up when they realize I am not there to judge them."

Research has shown that peer support facilitates recovery and reduces health care costs. The National Institute on Drug Abuse says that conservative estimates show that every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft.⁶

BEHAVIORAL HEALTH

Behavioral health is the state of successful mental function allowing you to engage in productive activities and fulfilling relationships and the ability to adapt to change or cope with challenges. Behavioral health is essential to personal well-being, family and interpersonal relationships and the ability to contribute to one's community and society as a whole. Behavioral health disorders include both mental health and substance use disorders.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health disorders

are among the most common causes of disability. The financial and human costs are enormous. Related health care costs alone are \$57 billion per year in the United States, about the same as cancer related treatment. Individuals living with a behavioral health disorder may struggle to care for themselves or members of their family, complete daily activities, secure employment and manage relationships.

Behavioral health and substance use disorders are impacted by broad and multifaceted issues that vary over the stages of life. Risk factors for chronic medical conditions such as tobacco use, poor nutrition and sedentary lifestyles are more prevalent among people with a behavioral health illness as are the social conditions that often lead to poor health, such as homelessness and poverty. Drug and alcohol use can also lead to other chronic diseases such as diabetes and heart disease. SAMHSA reports that people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.

The fragmented behavioral health care system contributes to the challenges people face in managing behavioral health conditions. Screening, early



The percent of adolescents who reported a major depressive episode increased from 8.1% between 2010-2011 to 11.0% between 2015-2016



The age-adjusted rate of drug overdose deaths in S.C. has increased
2012: 12.2 per 100,000 population
2016: 18.0 per 100,000 population

intervention, primary care, medication management, crisis stabilization, recovery support and social supports reduce poor health outcomes. Delivering appropriate care and treatment to individuals and providing formal discharge planning in detention centers and prisons can also reduce recidivism.

South Carolina is working across organizations and sectors to reduce the stigma of mental illness and substance use disorders and improve coordination and awareness of, services, and resources for individuals and families.

DATA

In 2014-15, 4.1% of South Carolina adults were diagnosed with a serious mental illness.

The prevalence of depression in South Carolina adults increased from 15.3% in 2011 to 20.5% in 2016. It was higher in White than Black residents (23.1% versus 15.3%) and higher among females than males (26.5% versus 14.0%). In South Carolina, 11.0% of adolescents aged 12-17 in 2014-2015 experienced a major depressive episode in the preceding year, a lower percent than the United States overall (11.9%).

In 2016, 6.8% of South Carolina adults reported heavy drinking (for men, 15 or more drinks per week, and for women, eight or more drinks per week). Heavy drinking was more common among White residents and males.

In South Carolina, the rate of drug overdose deaths increased nearly 50% between 2007 and 2016, from 12.2 deaths per 100,000 to 18.0. White males and 35 to 54 year olds had the highest rates.

ECONOMIC IMPACT

The Institute of Medicine and National Research Council's Preventing Mental, Emotional, and Behavioral Disorders among Young People Report – 2009 stated that cost-benefit ratios for early treatment and prevention programs for addiction and mental illness range from 1:2 to 1:10. According to SAMHSA, this translates to a \$1 investment yielding \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs and lost productivity.⁷

The South Carolina Department of Mental Health partnered with 24 community hospital emergency departments to offer a telepsychiatry program. In 2017, approximately 450 comprehensive evaluations were completed each month, with a cost savings of \$2,300 per ED visit, for a total savings of approximately \$12,420,000.⁸



GOALS, STRATEGIES AND BEST PRACTICES

GOAL 1:

Ensure clinical behavioral health services are accessible to all South Carolinians.

STRATEGIES

- Assess behavioral health services and develop a resource inventory.
- Promote evidence-based behavioral health services, including telehealth.
- Enhance training and education for behavioral health providers and partners (health care providers, law enforcement, etc.).



MAKING IT WORK

A Road Map to Behavioral Health: A Guide to using Mental Health and Substance Use Disorder Services

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf>

A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration

http://integrationacademy.ahrq.gov/sites/default/files/AHRQ_AcademyGuidebook.pdf

Just Plain Killers

Take-Action: <http://justplainkillers.com/take-action/>

Mental Health First Aid

Just as CPR helps you assist an individual having a heart attack, Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. In Mental Health First Aid trainings, you learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations and where to turn for help. <https://scthrive.org/mhfa/>

GOAL 2:

Provide all children and youth access to adequate and timely school-based behavioral health services.

STRATEGIES

- Implement education and prevention programs that support behavioral health (mental health conditions and substance use disorder) in schools.
- Respond to students' serious behavioral health issues and safety needs.

MAKING IT WORK

Behavioral Health Coalition Safe Schools Vision – Call to Action

https://www.scha.org/files/documents/2018_safe_school_vision_and_call_to_action.pdf

SAMHSA Strategic Prevention Framework

<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

Community Guide

<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>

GOAL 3:

Provide safety net crisis intervention resources across South Carolina.

STRATEGIES

- Increase behavioral health and substance use disorder service capacity in areas of need.
- Support coordinated and evidence-based crisis stabilization units.

MAKING IT WORK

Practice Guidelines: Core Elements of Responding to Mental Health Crisis

<https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

GOAL 4:

Establish an interdisciplinary, cross-sector prevention and treatment system for substance use disorders.

STRATEGIES

- Increase access to peer support specialist education/certification.
- Increase number of free-standing medical withdrawal management centers.
- Increase the number of physicians trained in delivering MAT.
- Increase education around model of addiction for Behavioral Health Counselors.

OBJECTIVES

- Decrease the suicide rate in South Carolina by 5%, from 15.7 per 100,000 to 14.9 per 100,000 by 2023.
- Decrease the rate of drug overdose deaths in South Carolina by 5%, from 18.0 per 100,000 to 17.1 per 100,000 by 2023.

COALITION RESPONSE

Behavioral Health Coalition <https://www.scha.org/members/member-initiatives/behavioral-health-coalition>

The South Carolina Behavioral Health Coalition is an alliance of public and private agencies, organizations and health care providers collectively committed to improving the mental health and well-being of everyone in our state. This multi-sector coalition is an important outgrowth of the valuable work of the South Carolina Institute of Medicine and Public Health's Behavioral Health Task Force and the South Carolina House of Representatives Opioid Abuse Prevention and Study Committee that each provided a set of recommended actions to improve the care and outcomes of South Carolinians suffering with mental illness and/or substance use disorders.